

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 980242 FILING DATE _____
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52		1				
3		2		2			53						
4		2		2			54						
5		2		2			55						
6		2	1				56						
7	1						57						
8		1					58						
9	1						59						
10	1						60						
11	1						61						
12	1						62						
13	1						63						
14	1		1				64						
15	1						65						
16		2		1			66						
17		2		1			67						
18		2		1			68						
19		2		1			69						
20		2		1			70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29			1				79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1		1				TOTAL IND.	5					
TOTAL DEP.		5		1			TOTAL DEP.		53				
TOTAL CLAIMS	1	5	1	1			TOTAL CLAIMS	58					